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 National Stage Proceeding  
 Paralegal Specialist  
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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/517216**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	14	↓	1	↓		↓
TOTAL DEP.	22	←	19	↑		←
TOTAL CLAIMS	36	██████████	20	██████████		██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		↑		←
TOTAL CLAIMS		██████████		██████████		██████████